



<b>VOLUME 1: GOVERNANCE AND ADMINISTRATION</b>	Effective Date: 12/2003
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<b>1.42.2 UTILIZATION MANAGEMENT PROGRAM PROCEDURE</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. PROCEDURE OVERVIEW

The purpose of this procedure is to outline major structures, processes, resources, and requirements of the Utilization Management (UM) Program.

## II. DEFINITIONS

**Concurrent Review:** A review to evaluate the ongoing need for acute, sub-acute, or non-acute levels of care including review of admissions, continued stays, and discharge planning activities.

**Medical Necessity:** Health care services that are determined by the licensed provider to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain and are supported by health outcome data as being effective medical care.

**Potential Quality Issue Report:** A response from the California Correctional Health Care Services (CCHCS) contract provider network regarding clinical care concerns involving a licensed medical provider under contract with the provider network and treating CCHCS patients.

**Prospective Review:** Review conducted prior to services being rendered to determine whether the patient's illness necessitates the requested level of care or services or could be provided at a lower level of care.

**Retrospective Review:** Review to evaluate the medical necessity and appropriateness of treatment after it has been rendered and to compare billed services with the actual treatment authorized.

## III. PROCEDURE

### A. Utilization Management Case Review Process

The UM Program shall require review of select patient cases that are high cost, high risk, exceptional, and/or complex. This process includes up to three levels of review and shall cover prospective, concurrent, and retrospective reviews. The UM case review process shall follow the procedure outlined in Inmate Medical Services Policies and Procedures (IMSP&P), Volume 4, Chapter 1.12, Outpatient Specialty Services Procedure.

### B. Utilization Management Program Committees and Plans

Headquarters and institution committee structures shall be maintained to provide oversight of the UM Program. At least biennially, the statewide UM Program shall prepare an improvement plan that describes priorities and performance objectives for the UM Program. The institution shall prepare an annual UM work plan that describes its priorities and performance objectives that are aligned with the statewide plan and focus on timely, safe, efficient, and cost-effective use of contract medical services and specialized health care housing beds within the California Department of Corrections and Rehabilitation.

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## C. Institutional Utilization Management Committee

### 1. Responsibilities

The Institutional Utilization Management Committee () duties shall include, but are not limited to, the following:

- a. Ensure compliance with IMSP&P, Complete Care Model policies and procedures including systems and processes that support timely access, population health management, care coordination, and complex care management.
- b. Ensure compliance with the UM Program policy and procedure and other related policies and procedures.
- c. At least quarterly, review and analyze data including, but not limited to, dashboards, Health Care Incident and Potential Quality Issue reports, and UM operational reports to ensure timely, safe, efficient, and cost-effective access to specialized health care housing beds and to specialty, hospital, emergency, diagnostic, and other contract medical services.
- d. Develop and monitor UM work plans that improve timely, safe, efficient, and cost-effective access to and utilization of specialty, hospital, emergency department, and other contract medical services.
- e. Establish interdisciplinary workgroups to conduct Root Cause Analyses, and to assess and improve timely access to health care services including, but not limited to, specialty services, care coordination, and care management to ensure that these systems and processes are highly reliable over time.
- f. Ensure that institutions' health care staff receive training on the UM Program policy and procedure and that providers receive feedback regarding adherence to the policy and procedure.
- g. Identify gaps in specialty provider network resources and provide this information to the Headquarters Utilization Management Committee (HUMC) through the institution Quality Management Committee (QMC).

### 2. Membership

The IUMC shall consist of, but not be limited to, the following members:

- a. Chief Medical Executive (Chairperson)
- b. Chief Executive Officer (health care)
- c. Chief Nursing Executive and/or Supervising Registered Nurse III
- d. Chief Support Executive
- e. Chief Deputy Warden and/or Associate Warden for Health Care
- f. Chief, Mental Health Services and/or Chief Psychiatrist
- g. Chief Physician and Surgeon
- h. Supervising RN II staff involved with UM, Triage and Treatment Area, specialty services, and hospital services

### 3. Reporting Structure

The IUMC reports to the institution QMC. The IUMC shall submit timely and accurate reports at least quarterly to the institution QMC that include its major activities, accomplishments, requests for assistance and training, and recommendations that may include changes to contracts, policy, clinical criteria, or decision support.

### 4. Meetings

- a. The IUMC shall meet as often as necessary to carry out its responsibilities but not less frequently than monthly.

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- b. Meetings shall be conducted informally using a consensus approach. If a consensus cannot be reached on an agenda item, the Chairperson may call for a vote.
- c. A quorum of members must be present at all meetings to ensure diversity of view point and well-rounded discussion. A quorum is met when a minimum of five members are in attendance, either in person or telephonically.
- d. Records of committee proceedings shall be kept at a secure, accessible medical program site for a period of three years. At a minimum, the record shall describe all committee actions and recommendations.
- e. The proceedings and records of the IUMC shall be confidential and protected from discovery to the extent permitted by law.

## **D. Headquarters Utilization Management Committee**

### **1. Responsibilities**

The HUMC's duties shall include, but are not limited to, the following:

- a. Develop and ensure adherence to the UM Program policy and procedure and clinical criteria that define medical necessity.
- b. Implement and oversee the Statewide UM Program Improvement Plan.
- c. Develop and report UM Program performance indicators based on the Statewide UM Program Improvement Plan.
- d. Analyze and report trends and patterns related to utilization and cost associated with contract medical services.
- e. Establish interdisciplinary workgroups to assess and improve timely access to health care services including, but not limited to, specialty services, care coordination, and care management to ensure that these systems and processes are highly reliable over time.
- f. Assess and recommend interventions to improve timeliness, safety, efficiency, and cost effectiveness of contract medical services and specialized health care housing.
- g. Implement interventions approved by the Complete Care Oversight Team (CCOT).
- h. Provide direction for specialty care referrals and bed usage through defining medical necessity, selecting appropriate referral, admission and discharge criteria, and setting statewide standards for UM.
- i. Recommend strategies to modify provider network capacity and medical contracts.
- j. Refer institution-specific concerns to the respective IUMC for appropriate action through the appropriate regional leadership team.
- k. Refer to other headquarters committees for action as appropriate.

### **2. Membership**

- a. The HUMC shall consist of, but not be limited to, the following members:
  - 1) Deputy Medical Executive, UM Program (Chairperson)
  - 2) Deputy Medical Executives, Region I, II, III and IV
  - 3) Deputy Medical Executive, Quality Management
  - 4) Deputy Director, Business Services
  - 5) Deputy Director, Corrections Services
  - 6) Deputy Director, Fiscal Services
  - 7) Deputy Director, Mental Health Program
  - 8) Deputy Director, Nursing Services
- b. Members may designate another manager from their program area, and the chairperson may add additional members and invite other stakeholders as necessary.

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## 3. Reporting Structure

The HUMC reports to the statewide QMC and CCOT.

- a. The HUMC shall develop and submit a biennial Statewide UM Program Improvement Plan to the statewide QMC for approval.
- b. The HUMC shall submit an annual report to the statewide QMC that includes its major activities and progress toward meeting Statewide UM Program Improvement Plan goals and objectives.
- c. The HUMC shall submit quarterly reports to the CCOT that include, but are not limited to, the following:
  - 1) An analysis of trends and patterns related to utilization and cost associated with contract medical services and specialized health care housing.
  - 2) Recommended interventions to improve timeliness, safety, efficiency, and cost effectiveness of contract medical services and specialized health care housing including strategies to modify medical contracts and increase provider network capacity.

## 4. Meetings

- a. The HUMC shall meet as often as necessary to carry out its responsibilities but not less frequently than bimonthly.
- b. Meetings shall be conducted informally using a consensus approach. If a consensus cannot be reached on an agenda item, the Chairperson may call for a vote.
- c. A quorum of members must be present at all meetings to ensure diversity of view point and well-rounded discussion. A quorum is met when a minimum of 50 percent of the members are in attendance, either in person or telephonically.
- d. Records of committee proceedings shall be kept at a secure, accessible medical program site for a period of three years. At a minimum, the record shall describe all committee actions and recommendations.
- e. The proceedings and records of the HUMC shall be confidential and protected from discovery to the extent permitted by law.

## IV. REFERENCES

- California Civil Code, Division 1, Part 2.6, Section 56 et seq.
- California Evidence Code, Division 9, Chapter 3, Section 1157
- California Code of Regulations, Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Sections 3350, 3352, and 3352.1
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 3, Quality Management
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1.12, Outpatient Specialty Services
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 1, Chapter 42.1, Utilization Management Program Policy